PRINTED: 02/23/2016 FORM APPROVED Illinois Department of Public Health (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION (X1) PROVIDER/SUPPLIER/CLIA COMPLETED STATEMENT OF DEFICIENCIES IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A. BUILDING: \_\_\_ 01/22/2016 B. WING IL6010128 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 1225 WOODLAND DRIVE HERITAGE HEALTH-MOUNT ZION MOUNT ZION, IL 62549 PROVIDER'S PLAN OF CORRECTION (X5)SUMMARY STATEMENT OF DEFICIENCIES COMPLETE (EACH CORRECTIVE ACTION SHOULD BE DATE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (X4) ID CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX TAG DEFICIENCY) TAG S 000 S 000 Initial Comments Annual Licensure and Certification Survey S9999 S9999 Final Observations STATEMENT OF LICENSURE VIOLATIONS: 300.1210b)5) 300.1210d)6) 300.1220b)2)7) 300.3240a) Section 300.1210 General Requirements for Nursing and Personal Care b) The facility shall provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychological well-being of the resident, in accordance with each resident's comprehensive resident care

Illinois Department of Public Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

Attachment A

Statement of Licensure Violations

(X6) DATE

02/11/16

plan. Adequate and properly supervised nursing care and personal care shall be provided to each resident to meet the total nursing and personal care needs of the resident. Restorative measures

shall include, at a minimum, the following

5) All nursing personnel shall assist and encourage residents with ambulation and safe transfer activities as often as necessary in an effort to help them retain or maintain their highest

d) Pursuant to subsection (a), general nursing

care shall include, at a minimum, the following

6) All necessary precautions shall be taken to assure that the residents' environment remains as free of accident hazards as possible. All nursing personnel shall evaluate residents to see

practicable level of functioning.

seven-day-a-week basis:

and shall be practiced on a 24-hour,

procedures:

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inois Department of Public Health  TATEMENT OF DEFICIENCIES ND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		COMPLETED	
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	E HEALTH-MOUNT		ZION, IL 6254	9		
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39999	Continued From page 1 that each resident receives adequate supervision and assistance to prevent accidents.		Acceptance and desired and a second a second and a second and a second and a second and a second a second and			
	Section 300.1220 Supervision of Nursing		uganga Addoord of the storage			00000000000000000000000000000000000000
	Services b) The DON shall supervise and oversee the		*Appropries			
	the term of the te		<b>.</b> f			
	2) Overseeing the comprehensive assessment of the state and the which include medically		)			
			ş .			
	a distance and medical full building states		*			
	sensory and physical impairments, nutritional status and requirements, psychosocial status,		And (spin)			
	potential, rehabilitation potential, cognitive status and drug therapy.  7) Coordinating the care and services provided t residents in the nursing facility.		S,			
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						Opposes a Military
	Section 300.3240 Abuse and Neglect a) An owner, licensee, administrator, employee agent of a facility shall not abuse or neglect a		or			
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			n for production of the control of t			
	resident.		amenda (AMA) ON Mill	er programme de la companya de la co		and Address
	These regulations are not met as evidenced by					
		the facil	itv			
	Based on recor	Based on record review and interview, the facil				
	failed to provide close supervision for R24, give a known history and tendency to unsafely self transfer and ambulate. R24 is one of seven residents reviewed for falls in the sample of 15 This failure resulted in R24 sustaining a hematoma to the head and a brain hemorrhage		eradak sasistan			
			ijuuda kuninga pana	discount of the second of the		A 5 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6
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	nomatoma to		(caasas ori (distrib			
	Findings include	de:	special surveys			
			16			- Outpropries
		Order Sheet dated January 201				
		e following diagnoses for R24: isease, Muscle Weakness, Diffic				
	Alzheimer's D	Sease, Muscle Would to				ntinuation sheet

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Ilinois Department of Public He STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	All Filovider	(X2) MULTIPLE CONSTRUCTION A. BUILDING:	(X3) DATE SURVEY COMPLETED
	IL 6010128	B. WING	01/22/2016
NAME OF PROVIDER OR SUPPLIER	1225 WO	DRESS, CITY, STATE, ZIP CODE  DDLAND DRIVE	

## MOUNT ZION, IL 62549

HERITAGE HEALTH-MOUNT ZION  1225 WOODLAND DRIVE  MOUNT ZION, IL 62549  (X5)				
X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES  (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	COMPLETE DATE
00000	Continued From page 2	S9999		
S9999	in Walking, Anxiety and Dementia with Behavioral			
	Disturbances.			
	The Resident Assessment Instrument (RAI) dated 6/2/15 for R24 documents the following: R24 has total dependence on staff and needs the assistance of two persons for all transfers and for toileting. R24 requires the use of assistance for ambulation on and off the unit. R24 uses a wheel chair for mobility purposes. The RAI documents that R24 has total dependence on staff for eating with the assist of one person. R24 is not able to stabilize herself without staff assistance when moving from seated to standing positions, turning around while standing and surface to surface transfers.			
	R24's Fall Risk Assessments dated 5/15 and 5/15 document R24 as being at High Risk for Falls.			
	Facility Nursing Notes dated 4/27/15 document that R24 is not able to be left unattended. "(R24) keeps trying to ambulate and transfer self." On 5/5/15 Nursing Notes document notification to R24's son that R24's behaviors have increased and the facility is not able to provide one on one			
	care, alternative placement may be needed. Nursing Notes dated 5/18/15 document behavior continue, R24 is in need of one on one care and alternative placement may be necessary. On 5/23/15, Nursing Notes document that R24			
	wheelchair and ambulate without assistance. On 6/10/15 Nursing Notes document that R24 has been up all night and had to be brought out to the nursing desk for supervision due to R24 trying to get up per self.	е		
	Facility Occurrence Reports document the following: On 4/27/15, R24 was noted on floor in			continuation sheet

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PRINTED: 02/23/2016 **FORM APPROVED** 

(X3) DATE SURVEY Illinois Department of Public Health (X2) MULTIPLE CONSTRUCTION (X1) PROVIDER/SUPPLIER/CLIA COMPLETED STATEMENT OF DEFICIENCIES IDENTIFICATION NUMBER: A. BUILDING: \_\_ AND PLAN OF CORRECTION 01/22/2016 R WING IL6010128 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 1225 WOODLAND DRIVE HERITAGE HEALTH-MOUNT ZION MOUNT ZION, IL 62549 PROVIDER'S PLAN OF CORRECTION (X5)SUMMARY STATEMENT OF DEFICIENCIES (EACH CORRECTIVE ACTION SHOULD BE COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX DATE (X4) ID CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX TAG DEFICIENCY) TAG S9999 Continued From page 3 S9999 room. R24 "lost balance and fell." On 5/15/15, R24 was "sitting in wheelchair and had an unwitnessed fall, sustaining a laceration to the left arm. Alarm sounding." R24 is "unable to communicate what happened." R24 was sent to the emergency room for treatment and evaluation of left forearm laceration and was returned to the facility the same day. On 6/24/15 R24 "was in a chair in the dining room and got up and fell, hitting (R24's) forehead on the ground. No alarm sounding. A facility resident (unidentified) stated (R4) got up from the table to walk away and lost balance and fell striking head "very hard" on the floor." The report documents "(R24) is often restless and agitated and frequently attempts to stand up and ambulate without assistance. (R24) is unsteady during ambulation and needs assistance...(R24) is unable to communicate with staff the reason she is attempting to stand up." R24 was sent to the hospital for evaluation and treatment of a head trauma. E2, Director of Nursing documents in the follow up procedures of the facility Occurrence Report dated 6/24/15 the following: "(R24) at one time was able to walk independently. Now (R24) cannot walk a straight line, is continually stumbling over her own feet and running into walls and surroundings. (R24) cannot carry on a conversation, speaking in incomplete sentences and rambling forms of communication....has never used any form of walking aid and cannot comprehend how to use a cane or walker....has began to show times of combativeness with care

and overall change in personality. Son, Power of Attorney is aware and is not able to give much assistance with one on one care or sitting due to busy work schedule. (R24) requiring one on one supervision with such poor safety awareness."

PRINTED. UZIZJIZUTU FORM APPROVED Illinois Department of Public Health (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION (X1) PROVIDER/SUPPLIER/CLIA COMPLETED STATEMENT OF DEFICIENCIES IDENTIFICATION NUMBER: A. BUILDING: \_\_ AND PLAN OF CORRECTION 01/22/2016 B. WING IL6010128 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 1225 WOODLAND DRIVE HERITAGE HEALTH-MOUNT ZION MOUNT ZION, IL 62549 PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE SUMMARY STATEMENT OF DEFICIENCIES ID (EACH CORRECTIVE ACTION SHOULD BE DATE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX CROSS-REFERENCED TO THE APPROPRIATE (X4) ID REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX TAG DEFICIENCY) TAG S9999 Continued From page 4 S9999 A Hospital report tilled "Radiology Report/Computed Tomography" of R24's brain dated 6/24/15 documents: R24 has a left forehead injury status post fall. Findings and Impression document that R24 sustained "Punctate foci of acute hemorrhage within the sulci and adjacent to the fallx within the superior posterior left parietal lobe. Subcutaneous hematoma overlying the lateral left frontal bone." R24 was admitted to the hospital for observation and returned to the facility on 6/25/15. On 1/22/16 at 11:45 am, E2 Director of Nursing stated the facility had been trying to find different

On 1/22/16 at 11:45 am, E2 Director of Nursing stated the facility had been trying to find different placement for R24 because of R24's need of one on one care/supervision even prior to the 6/24/15 fall. E2 stated R24's son could not help with providing one on one with R24 due to his work schedule. E2 stated she had thought about putting R24 in the second dining timeframe because there was more staff for assistance and R24 needed more supervision, but had not done it until after R24 fell on 6/24/15.

On 1/22/16 at 12:55 pm Z2, Primary Care Physician and Medical Director stated that R24 had declined mentally and physically in the last several months due to Dementia and Alzheimers. Z2 stated R24 needed closer supervision and if second dining had more staff, then that's where R24 should have been. Z2 acknowledged that R24's lack of supervision may have contributed to the fall and in turn caused the trauma to her forehead, resulting in a brain hemorrhage.

A facility Discharge Summary Report dated 7/1/15 documents that R24 was discharged and transferred to a different facility due to R24 requiring one on one care.

(A)

Illinois Department of Public Health STATE FORM

Illinois Department of Public STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDERGOOT CIETO	(X2) MULTIPLE CONSTRUCTION A. BUILDING:	(X3) DATE SURVEY COMPLETED
	IL6010128	B. WING	01/22/2016
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HERITAGE HEALTH-MOUNT ZION	MOUNT ZION, IL 62549

HERITAGE HEALTH-MOUNT ZION  MOUNT ZION, IL 62549  PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE				
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Illinois Department of Public Health STATE FORM

## Attachment B Imposed Plan of Correction

## IMPOSED PLAN OF CORRECTION

NAME OF FACILITY: Heritage Health-Mount Zion DATE AND TYPE OF SURVEY: January 22, 2016, Annual Licensure

300.1210(b)5)

The facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being of the resident, in accordance with each resident's comprehensive assessment and plan of care. Adequate and properly supervised nursing care and personal care shall be provided to each resident to meet the total nursing and personal care needs of the resident.

300.1210(d)(6)

General nursing care shall include, at a minimum, the following and shall be practiced on a 24-hour, seven-day-a-week basis.

All necessary precautions shall be taken to assure that the residents' environment remains free of accident hazards as possible. All nursing personnel shall evaluate residents to see that each resident receives adequate supervision and assistance to prevent accidents.

300.1220(b)(2)(7)

The DON shall supervise and oversee the nursing services of the facility, including: Overseeing the comprehensive assessment of the residents' needs, which include medically defined conditions and medical functional status, sensory and physical impairments, nutritional status and requirements, psychosocial status, discharge potential, dental condition, activities potential, rehabilitation potential, cognitive status, and drug therapy.

Coordinating the care and services provided to residents in the nursing facility.

An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident.

This will be accomplished by:

- I. The facility will conduct an investigation of the incident and take appropriate actions. The assessments for all residents identified as high risk for falls and all residents requiring supervision will be reviewed for accuracy of the assessment and will be revised as necessary based on the outcome of the review.
- II. All staff will be inserviced on resident supervision, and on follow-up assessment and monitoring of residents who are experiencing a change in condition and/or need to be reassessed for safety or level of supervision. The inservices will include all staff and will cover, at a minimum, assessment of resident risk for falls, follow-up of incidents and identifying resident changes or indicators that may require reassessment or other interventions to prevent injury or death.
- III. Documentation of inservice training, assessments and related followup actions will be maintained by the facility.

300.3240

IV. The Administrator and Director of Nurses will monitor Items I through III to ensure compliance with this Imposed Plan of Correction.

COMPLETION DATE: Ten (10) days from receipt of the Imposed Plan of Correction.

SF/ Heritage Health- Mount Zion, 2/24/2016

Attachment B Imposed Plan of Correction